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Pro Sc 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

for the

Montan District of Mosoclo

Masoclo Division

Case No. 4!24-CV-00015-DWM

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint.

If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-V
Cascade Co-074 Defendant(s)

Personal Filton

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

AMENDED COMPLAINT FOR VIOLATION OF

CIVIL RIGHTS (Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

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I. The Parties to This Complaint

A. The Plaintiff(s)

needed.

Name

All other names by which
you have been known:

ID Number

Current Institution

Preston Tablack Wolf

Preston Tablack Wolf

All other names by which
you have been known:

1/1633

Current Strate Preson

Provide the information below for each plaintiff named in the complaint. Attach additional pages if

Montana Street Prison

700 Confey Lake Road

Drerhodge MT 5 9722

City State Zip Code

B. The Defendant(s)

Defendant No. 1

Address

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

| | · |
|-------------------------|---------------------------------------|
| Name | John Doc |
| Job or Title (if known) | Cascade Policie Department |
| Shield Number | unknown |
| Employer | Great Falls Police Department |
| Address | unknown |
| | Greet Falls MT 57 City State Zip Code |
| | Individual capacity Official capacity |
| Defendant No. 2 | |
| Name | John Doc |
| Job or Title (if known) | Detention Center |
| Shield Number | Unknown |
| Employer | Greatfally Detention Center |
| Address | unknown |
| | Great Falls MT 39 |
| | City State Zip Code |
| | Individual capacity Official capacity |
| | |

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| | Defendant No. 3 | |
|--------------|---|---|
| | Name | Form Dole |
| | Job or Title (if known) | medical Crenter |
| | Shield Number | un known |
| | Employer | Eity of Great Falls |
| | Address | <u>on known</u> |
| | | Great Fulls MT 59 |
| | | City State Zip Code |
| | | Individual capacity Official capacity |
| | Defendant No. 4 | |
| | Name | NIA |
| | Job or Title (if known) | |
| | Shield Number | |
| | Employer | |
| | Address | |
| | | |
| | | City State Zip Code |
| | | Individual capacity Official capacity |
| Bas | is for Jurisdiction | |
| | | tate or local officials for the "deprivation of any rights, privileges, or and [federal laws]." Under Bivens v. Six Unknown Named Agents of |
| Fede | | 388 (1971), you may sue federal officials for the violation of certain |
| Fede | eral Bureau of Narcotics, 403 U.S. 3 | |
| Fede cons | eral Bureau of Narcotics, 403 U.S. Stitutional rights. | heck all that apply); |
| Fede cons | eral Bureau of Narcotics, 403 U.S. 3 stitutional rights. Are you bringing suit against (ch | heck all that apply): claim) |
| Fede cons | eral Bureau of Narcotics, 403 U.S. Stitutional rights. Are you bringing suit against (cl. Federal officials (a Bivens of State or local officials (a § Section 1983 allows claims allege the Constitution and [federal law | heck all that apply): claim) |

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| Pro Se 14 (| Rev 12/16 | Complaint for | Violation of (| Civil Rights (Prisoner) | |
|-------------|--------------|---------------|-----------------|-------------------------|--|
| TIONOTT | 1107. 127.10 | Compraint for | A TOTALION OF C | JIVII KIEIKS (FIISOHCI) | |

| | D. | Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under Bivens, explain how each defendant acted under color of federal law. Attach additional pages if needed. City potices of ficer Harden Fed me to a cobbe 80 pporting a Telephone pole and Beat me to crying tears. Like a Blave on a chain game conseed me and me randworld not 8 to p. |
|-----------|-------------------------------|--|
| m. | Priso | ner Status |
| | Indica | tte whether you are a prisoner or other confined person as follows (check all that apply): Pretrial detainee |
| | | Civilly committed detainee |
| | | Immigration detainee |
| | | Convicted and sentenced state prisoner |
| | | Convicted and sentenced federal prisoner |
| | × | Other (explain) paroheriolation, par handling for Food |
| 7. | Statem | ent of Claim |
| | alleged further any cas | s briefly as possible the facts of your case. Describe how each defendant was personally involved in the wrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite ses or statutes. If more than one claim is asserted, number each claim and write a short and plain ent of each claim in a separate paragraph. Attach additional pages if needed. |
| | A. | If the events giving rise to your claim arose outside an institution, describe where and when they arose. In Mc Donalds parking to it |
| | | April 11th 2024 |
| | B. | If the events giving rise to your claim arose in an institution, describe where and when they arose. Great Falls Detention Facility & on the Streets of Dreat Falls and the MC Donalds Parking lat on 10th and, 5 |

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C. What date and approximate time did the events giving rise to your claim(s) occur?

April 11th 2024 about 5:00 pm

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?

Was anyone else involved? Who else saw what happened?) I was arreasted for

being a NUSIANCE Begging forchange to get Foods break falls

Police were called by mcDonalds the police officer arrested

me and I asked what did I do wrong and he beatme

weeth his night stick, 13 roke my wrist, Forcarm and shoulder

and thrownse into the police car and took meet o the

Defention center where B was book for vagran entitle

this related mer parother Mc Donaldo Camaras picked up the

encidents

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. Broken wrist, Broke Forearm protecting my face from the Blowsof the night stick and the afficer Broke my shoulder. Medical refused to give services a officer soud just another Indian Born Beggar, put him in the cell and beauchin till morning.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims. Begging torchange to eat one beengt beat because I ama though an educated street liver.

poor i Bun, can't work limited S.S.I. Skitsophranic paronoid

Twas told by a JLM that I could ask for 250,000.00 - 1. 8 - m. Mon and punture, t goes there 370 of MT's Networth or 10 million Flat rate or more if this goes to trial with any or 11 million flat rate or more if this goes to trial with any or 11 million flat rate or more if this goes to trial with

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VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

| A. | Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility? |
|----|---|
| | Yes |
| | No on the streets |
| | If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). |
| | |
| B. | Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure? |
| | V Yes Fail Rivas not there tong enough to apply |
| | ✓ No |
| | Do not know |
| C. | Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims? |
| | ☐ Yes |
| | No No |
| | Do not know |
| | If yes, which claim(s)? |
| | |
| | |

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| D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) concerning the facts relating to this complaint? | | |
|--|---|--|
| | Yes | |
| | No Happen enthe streets | |
| | If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility? | |
| | Yes | |
| | No | |
| E. | If you did file a grievance: | |
| | 1. Where did you file the grievance? | |
| | | |
| | WIA | |
| | 2. What did you claim in your grievance? | |
| |) | |
| | - NA | |
| | 3. What was the result, if any? | |
| | | |
| | NA | |
| | 4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.) | |
| | | |
| | N / I/ | |

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| | F. If you did not file a grievance: | | | |
|-------|---|--|--|--|
| | 1. If there are any reasons why you did not file a grievance, state them here: | | | |
| | | | | |
| | | WIA | | |
| | | 2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any: | | |
| | | WIA | | |
| | G. | Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. | | |
| | | | | |
| | | (Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.) | | |
| VIII. | Previou | s Lawsuits | | |
| | The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g). | | | |
| | To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"? | | | |
| | ☐ Yes | | | |
| | No | | | |
| | If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible. | | | |
| | | | | |

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| A. | Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? |
|----|---|
| | ☐ Yes |
| | No No |
| B. | If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.) |
| | 1. Parties to the previous lawsuit |
| | Plaintiff(s) WA |
| | Defendant(s) |
| | 2. Court (if federal court, name the district; if state court, name the county and State) |
| | 3. Docket or index number |
| | 4. Name of Judge assigned to your case |
| | 5. Approximate date of filing lawsuit |
| | 6. Is the case still pending? |
| | □ Yes |
| | \square No |
| | If no, give the approximate date of disposition. |
| | 7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?) |
| | NA |
| C. | Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment? |

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|----------------------|---|
| | ☐ Yes ☐ No MH |
| D. | If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.) |
| | 1. Parties to the previous lawsuit Plaintiff(s) Defendant(s) |
| | 2. Court (if federal court, name the district; if state court, name the county and State) |
| | WIA |
| | 3. Docket or index number |
| | 4. Name of Judge assigned to your case |
| | 5. Approximate date of filing lawsuit |
| | 6. Is the case still pending? Yes No |
| | If no, give the approximate date of disposition |
| | 7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?) |
| | W/14 |

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IX. Certification and Closing

B.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

| Date of signing: | Uly 20 202H | | | |
|--|------------------|--------|----------------|--|
| Signature of Plaintiff Printed Name of Plaintiff | Preston T. Black | Walf 4 | //633 | |
| Prison Identification # | 41633 | | , , | |
| Prison Address 700 Convey Lake Road | | | | |
| | Deer Ladge | mT | 57722 | |
| | City | State | Zip Code | |
| For Attorneys | | | | |
| Date of signing: | | | | |
| Signature of Attorney | | | | |
| Printed Name of Attorney | | ····· | | |
| Bar Number | | | | |
| Name of Law Firm | | | | |
| Address | | | | |
| | | | | |
| | City | State | Zip Code | |
| Telephone Number | | | | |
| E-mail Address | ***** | | | |
| | | | | |